

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 1-3-02.
 - b. The request was received on 7-23-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No Response was noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 9-4-02. The insurance carrier did not submit a response to the additional information. The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's Case File.
4. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in dispute packet.
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-3-02.
2. No EOB was noted in the dispute packet. A letter dated 3-8-02 reflected that no EOBs had been received, however, a stub was received from the Requestor which had the check number and date of service but no amount.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
1-3-02	97545 WH-AP	\$130.00	\$128.00	No EOB	\$64.00 per hr.	MFG: Medicine Ground Rule (II) (E); CPT Descriptor	The Provider has indicated in a letter dated 3-8-02 that the Carrier had not sent EOBs for the date of service in dispute. They did however, indicate that a check and check stub was received.
1-3-02	97546 WH-AP	\$325.00	\$44.00	No EOB	\$64.00 per hr.		No response was noted from the Carrier in the dispute packet, therefore, the disputed services will be reviewed as an “F” denial due to the lack of carrier response to indicate otherwise.
							Documentation supports that the services were rendered. Therefore, reimbursement is recommended in the amount of \$276.00 . The Provider has indicated that CPT Code 97545 WH-AP has been paid in full. However, only \$44.00 had been received for CPT Code 97546 WH-AP. Seven units were billed which total \$320.00. (\$320.00 - \$44.00 already paid = \$276.00).
Totals		\$455.00	\$172.00				The Requestor is entitled to additional reimbursement in the amount of \$276.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$276.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of December 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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